

Study ID#: _____

Date of Interview: /__/_/ /__/_/ /__/_/_/_/
(Month) (Day) (Year)

Interviewer: _____

MEDICAL AND REPRODUCTIVE HISTORY QUESTIONNAIRE

(PREGNANCY HISTORY)

OF THE

BREAST CANCER COMPREHENSIVE PROJECT

Prepared for the National Action Plan on Breast Cancer
of the Office on Women's Health
U.S. Department of Health and Human Services

by

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PREGNANCY HISTORY

INTRODUCTION: The next questions ask about your pregnancy history. This includes live births, stillbirths, miscarriages, abortions, and tubal, molar, and other ectopic pregnancies.

Q1. On or before (REFERENCE DATE), were you ever pregnant?

YES

1

NO

5

(NEXT SECTION)

Q2. Before (REFERENCE DATE), how many times have you been pregnant? Be sure to count your current pregnancy if you were pregnant on (REFERENCE DATE), and include all pregnancies even if they did not result in a live birth.

/___/___/

(# OF PREGNANCIES)

P R E G N A N C Y	<p>Let's start with your first pregnancy.</p> <p>Q3. What was the outcome of your (1st/2nd/3rd/etc.) pregnancy: (SHOW CARD)</p>	<p>(ASK ONLY IF Q3 = 05)</p> <p>Q4. I am interested in knowing how that pregnancy was confirmed. Was it confirmed by a doctor, home test, or some other method?</p>	<p>(IF Q3 = 05, 06, OR 07, THEN ASK):</p> <p>Q5. Counting from your last menstrual period, how many weeks did that pregnancy last?</p> <p>(IF Q3 = 01, 02, 03, 04, OR 77, THEN ASK):</p> <p>How many months did that pregnancy last?</p> <p>(IF Q3 = 08, THEN ASK):</p> <p>How long have you been pregnant prior to (REFERENCE DATE)?</p>
1st	<p>SINGLE LIVE BIRTH? 01 (Q5)</p> <p>MULTI. BIRTH, ANY LIVING? 02 (Q5)</p> <p>MULTI. BIRTH, NONE LIVING? 03 (Q5)</p> <p>STILLBIRTH? 04 (Q5)</p> <p>MISCARRIAGE? 05</p> <p>INDUCED ABORTION? 06 (Q5)</p> <p>ECTOPIC OR TUBAL? 07 (Q5)</p> <p>CURRENTLY PREGNANT (ON REFERENCE DATE)? 08 (Q5)</p> <p>OTHER? (SPECIFY):_____ 77 (Q5)</p>	<p>DOCTOR/LAB TEST 1</p> <p>HOME TEST 2</p> <p>OTHER (SPECIFY):_____ 7</p> <p>NOT CONFIRMED 0</p>	<p>/____/____/</p> <p># OF</p> <p>WEEKS 1</p> <p>MONTHS 2</p>
2nd	<p>SINGLE LIVE BIRTH? 01 (Q5)</p> <p>MULTI. BIRTH, ANY LIVING? 02 (Q5)</p> <p>MULTI. BIRTH, NONE LIVING? 03 (Q5)</p> <p>STILLBIRTH? 04 (Q5)</p> <p>MISCARRIAGE? 05</p> <p>INDUCED ABORTION? 06 (Q5)</p> <p>ECTOPIC OR TUBAL? 07 (Q5)</p> <p>CURRENTLY PREGNANT (ON REFERENCE DATE)? 08 (Q5)</p> <p>OTHER? (SPECIFY):_____ 77 (Q5)</p>	<p>DOCTOR/LAB TEST 1</p> <p>HOME TEST 2</p> <p>OTHER (SPECIFY):_____ 7</p> <p>NOT CONFIRMED 0</p>	<p>/____/____/</p> <p># OF</p> <p>WEEKS 1</p> <p>MONTHS 2</p>
3rd	<p>SINGLE LIVE BIRTH? 01 (Q5)</p> <p>MULTI. BIRTH, ANY LIVING? 02 (Q5)</p> <p>MULTI. BIRTH, NONE LIVING? 03 (Q5)</p> <p>STILLBIRTH? 04 (Q5)</p> <p>MISCARRIAGE? 05</p> <p>INDUCED ABORTION? 06 (Q5)</p> <p>ECTOPIC OR TUBAL? 07 (Q5)</p> <p>CURRENTLY PREGNANT (ON REFERENCE DATE)? 08 (Q5)</p> <p>OTHER? (SPECIFY):_____ 77 (Q5)</p>	<p>DOCTOR/LAB TEST 1</p> <p>HOME TEST 2</p> <p>OTHER (SPECIFY):_____ 7</p> <p>NOT CONFIRMED 0</p>	<p>/____/____/</p> <p># OF</p> <p>WEEKS 1</p> <p>MONTHS 2</p>

(DO NOT ASK IF Q3 = 08) Q6. On what date did that pregnancy end?	Q7. During this pregnancy, did you develop high blood pressure, diabetes, toxemia, eclampsia or pre-eclampsia, or frequent nausea?	(IF Q3=01 OR 02, CONTINUE. OTHERWISE SKIP TO Q3 OR NEXT SEC) Q8. (Was this baby/ Were any of these babies) delivered by a Cesarean section, or C-section	Q9. What is the sex of the (baby/babies)?	Q10. How much did (this baby/ these babies) weigh at birth?	Q11. Did you breast feed (this baby/ any of these babies) for at least two weeks or longer?
/___/___/ (MONTH) /___/___/___/___/ (YEAR)	YES 1 NO 5	YES 1 NO 5	MALE 1 FEMALE 2 BOTH (MULTIPLE) 3	/___/___/ (POUNDS) /___/___/ (OUNCES) OR /___/___/ (KILOGRAMS)	YES 1 NO 5 (Q15)
/___/___/ (MONTH) /___/___/___/___/ (YEAR)	YES 1 NO 5	YES 1 NO 5	MALE 1 FEMALE 2 BOTH (MULTIPLE) 3	/___/___/ (POUNDS) /___/___/ (OUNCES) OR /___/___/ (KILOGRAMS)	YES 1 NO 5 (Q15)
/___/___/ (MONTH) /___/___/___/___/ (YEAR)	YES 1 NO 5	YES 1 NO 5	MALE 1 FEMALE 2 BOTH (MULTIPLE) 3	/___/___/ (POUNDS) /___/___/ (OUNCES) OR /___/___/ (KILOGRAMS)	YES 1 NO 5 (Q15)

Q12. How old (was the baby/were the babies) when you stopped breast-feeding (him or her/them)?	Q13. How old (was the baby/were the babies) when (he/she/they) began to take any food, formula, or milk other than breast milk regularly?	Q14. Why did you stop breast-feeding?	Q15. Did you ever receive a shot or pill to dry up your milk?
<div> <div>/___/___/</div> <div>AGE</div> </div> <div> <div>WEEKS</div> <div>1</div> </div> <div> <div>MONTHS</div> <div>3</div> </div> <div> <div>YEARS</div> <div>5</div> </div>	<div> <div>/___/___/</div> <div>AGE</div> </div> <div> <div>WEEKS</div> <div>1</div> </div> <div> <div>MONTHS</div> <div>3</div> </div> <div> <div>YEARS</div> <div>5</div> </div>	<div> <div>NORMAL WEANING</div> <div>1</div> </div> <div> <div>INSUFFICIENT MILK</div> <div>2</div> </div> <div> <div>PAINFUL NURSING</div> <div>3</div> </div> <div> <div>BREAST INFECTION OR MASTITIS</div> <div>4</div> </div> <div> <div>WENT TO WORK/INCONVENIENCE</div> <div>5</div> </div> <div> <div>OTHER (SPECIFY):</div> <div>8</div> </div> <div>_____</div>	<div> <div>YES</div> <div>1</div> </div> <div> <div>NO</div> <div>5</div> </div>
<div> <div>/___/___/</div> <div>AGE</div> </div> <div> <div>WEEKS</div> <div>1</div> </div> <div> <div>MONTHS</div> <div>3</div> </div> <div> <div>YEARS</div> <div>5</div> </div>	<div> <div>/___/___/</div> <div>AGE</div> </div> <div> <div>WEEKS</div> <div>1</div> </div> <div> <div>MONTHS</div> <div>3</div> </div> <div> <div>YEARS</div> <div>5</div> </div>	<div> <div>NORMAL WEANING</div> <div>1</div> </div> <div> <div>INSUFFICIENT MILK</div> <div>2</div> </div> <div> <div>PAINFUL NURSING</div> <div>3</div> </div> <div> <div>BREAST INFECTION OR MASTITIS</div> <div>4</div> </div> <div> <div>WENT TO WORK/INCONVENIENCE</div> <div>5</div> </div> <div> <div>OTHER (SPECIFY):</div> <div>8</div> </div> <div>_____</div>	<div> <div>YES</div> <div>1</div> </div> <div> <div>NO</div> <div>5</div> </div>

/___/___/ AGE	/___/___/ AGE	NORMAL WEANING 1 INSUFFICIENT MILK 2 PAINFUL NURSING 3 BREAST INFECTION OR MASTITIS 4 WENT TO WORK/INCONVENIENCE 5 OTHER (SPECIFY): 8 _____	YES 1 NO 5
WEEKS 1	WEEKS 1		
MONTHS 3	MONTHS 3		
YEARS 5	YEARS 5		

P R E G N A N C Y	Q3. What was the outcome of your (1st/2nd/3rd/etc.) pregnancy: (SHOW CARD)	(ASK ONLY IF Q3 = 05) Q4. I am interested in knowing how that pregnancy was confirmed. Was it confirmed by a doctor, home test, or some other method?	(IF Q3 = 05, 06, OR 07, THEN ASK): Q5. Counting from your last menstrual period, how many weeks did that pregnancy last? (IF Q3 = 01, 02, 03, 04, OR 77, THEN ASK): How many months did that pregnancy last? (IF Q3 = 08, THEN ASK): How long have you been pregnant prior to (REFERENCE DATE)?
4th	SINGLE LIVE BIRTH? 01 (Q5) MULTI. BIRTH, ANY LIVING? 02 (Q5) MULTI. BIRTH, NONE LIVING? 03 (Q5) STILLBIRTH? 04 (Q5) MISCARRIAGE? 05 INDUCED ABORTION? 06 (Q5) ECTOPIC OR TUBAL? 07 (Q5) CURRENTLY PREGNANT (ON REFERENCE DATE)? 08 (Q5) OTHER? (SPECIFY): _____ 77 (Q5)	DOCTOR/LAB TEST 1 HOME TEST 2 OTHER (SPECIFY): _____ 7 NOT CONFIRMED 0	/___/___/ # OF WEEKS 1 MONTHS 2

5th	SINGLE LIVE BIRTH?	01 (Q5)	DOCTOR/LAB TEST HOME TEST OTHER (SPECIFY): _____ NOT CONFIRMED	1 2 7 0	/___/___/ # OF WEEKS MONTHS	1 2
	MULTI. BIRTH, ANY LIVING?	02 (Q5)				
	MULTI. BIRTH, NONE LIVING?	03 (Q5)				
	STILLBIRTH?	04 (Q5)				
	MISCARRIAGE?	05				
	INDUCED ABORTION?	06 (Q5)				
	ECTOPIC OR TUBAL?	07 (Q5)				
	CURRENTLY PREGNANT (ON REFERENCE DATE)?	08 (Q5)				
OTHER? (SPECIFY): _____	77 (Q5)					
6th	SINGLE LIVE BIRTH?	01 (Q5)	DOCTOR/LAB TEST HOME TEST OTHER (SPECIFY): _____ NOT CONFIRMED	1 2 7 0	/___/___/ # OF WEEKS MONTHS	1 2
	MULTI. BIRTH, ANY LIVING?	02 (Q5)				
	MULTI. BIRTH, NONE LIVING?	03 (Q5)				
	STILLBIRTH?	04 (Q5)				
	MISCARRIAGE?	05				
	INDUCED ABORTION?	06 (Q5)				
	ECTOPIC OR TUBAL?	07 (Q5)				
	CURRENTLY PREGNANT (ON REFERENCE DATE)?	08 (Q5)				
OTHER? (SPECIFY): _____	77 (Q5)					

(DO NOT ASK IF Q3 = 08) Q6. On what date did that pregnancy end?	Q7. During this pregnancy, did you develop high blood pressure, diabetes, toxemia, eclampsia or pre-eclampsia, or frequent nausea?	Q8. (Was this baby/ Were any of these babies) delivered by a Cesarean section, or C-section?	Q9. What is the sex of the (baby/babies)?	Q10. How much did (this baby/ these babies) weigh at birth?	Q11. Did you breast feed (this baby/ any of these babies) for at least two weeks or longer?
/___/___/ (MONTH) /___/___/___/___/ (YEAR)	YES 1 NO 5	YES 1 NO 5	MALE 1 FEMALE 2 BOTH (MULTIPLE) 3	/___/___/ (POUNDS) /___/___/ (OUNCES) OR /___/___/ (KILOGRAMS)	YES 1 NO 5 (Q15)

/__/_/____/ /__/_/____/____/____/ (MONTH) (YEAR)	YES 1 NO 5	YES 1 NO 5	MALE 1 FEMALE 2 BOTH (MULTIPLE) 3	/__/_/____/____/ (POUNDS) /__/_/____/____/ (OUNCES) OR /__/_/____/____/ (KILOGRAMS)	YES 1 NO 5 (Q15)
/__/_/____/ /__/_/____/____/____/ (MONTH) (YEAR)	YES 1 NO 5	YES 1 NO 5	MALE 1 FEMALE 2 BOTH (MULTIPLE) 3	/__/_/____/____/ (POUNDS) /__/_/____/____/ (OUNCES) OR /__/_/____/____/ (KILOGRAMS)	YES 1 NO 5 (Q15)

Q12. How old (was the baby/were the babies) when you stopped breast-feeding (him or her/them)?	Q13. How old (was the baby/were the babies) when (he/she/they) began to take any food, formula, or milk other than breast milk regularly?	Q14. Why did you stop breast-feeding?	Q15. Did you ever receive a shot or pill to dry up your milk?
<div>/___/___/</div> <div>AGE</div> <div>WEEKS 1</div> <div>MONTHS 3</div> <div>YEARS 5</div>	<div>/___/___/</div> <div>AGE</div> <div>WEEKS 1</div> <div>MONTHS 3</div> <div>YEARS 5</div>	<div>NORMAL WEANING 1</div> <div>INSUFFICIENT MILK 2</div> <div>PAINFUL NURSING 3</div> <div>BREAST INFECTION OR MASTITIS 4</div> <div>WENT TO WORK/INCONVENIENCE 5</div> <div>OTHER (SPECIFY): 8</div> <div>_____</div>	<div>YES 1</div> <div>NO 5</div>
<div>/___/___/</div> <div>AGE</div> <div>WEEKS 1</div> <div>MONTHS 3</div> <div>YEARS 5</div>	<div>/___/___/</div> <div>AGE</div> <div>WEEKS 1</div> <div>MONTHS 3</div> <div>YEARS 5</div>	<div>NORMAL WEANING 1</div> <div>INSUFFICIENT MILK 2</div> <div>PAINFUL NURSING 3</div> <div>BREAST INFECTION OR MASTITIS 4</div> <div>WENT TO WORK/INCONVENIENCE 5</div> <div>OTHER (SPECIFY): 8</div> <div>_____</div>	<div>YES 1</div> <div>NO 5</div>

